STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-766	A. BUILDING: _____ B. WING _____	R 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATTERSON HOME CARE, INC	6331 RANNOCK DRIVE FAYETTEVILLE, NC 28314

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on March 17, 2022. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement goals and strategies based on assessment for 2 of 3 audited clients (#3 and #4). The findings are: Finding #1 Review on 03/17/22 of client #3's record revealed: -62 year old male. -Admission date of 05/25/07. -Diagnoses of Diabetic, Mental Retardation, Hypertension, Dementia unspecified, Mood Disorder, Chronic Kidney Disease. Review on 03/17/22 of client #3's treatment plan dated 11/10/21 revealed: -No goals or strategies that addressed client #3's needs regarding a foley catheter for monthly changing of the catheter, emptying the catheter bag and daily care of the foley catheter. Finding #2 Review on 03/17/22 of client #4's record revealed: -68 year old male. -Admission date of 09/01/08. -Diagnoses of Mental Retardation, Impulse Control, Hypertension. -Qualified Professional (QP) note dated 03/01/22 revealed: -"...requires constant verbal reminders to use the bathroom every thirty minutes."	V 112		

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V 112	Continued From page 2 -"...food has to be cut up in very small pieces because he will stuff food in his mouth." -"[Client #4] continues to urinate and have bowel movements on himself. He must be cleaned several times a day." Review on 03/17/22 of client #4's treatment plan dated 12/01/21 revealed: -No goals or strategies that addressed client #4's needs for toileting and safe eating behaviors to prevent choking. During interview on 03/17/22 the QP revealed: -She had included the information in her notes and did not realize he needed to be included in the treatment plan. -She would add the information to each treatment plan. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		